



## Section 14: Appendix 2: Medical Procedures

### SECTION 14: NORMAL CHILDBIRTH

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P	PARAMEDIC	P

INDICATIONS	SIGNS AND SYMPTOMS	CONTRAINDICATIONS
<ul style="list-style-type: none"> <li>Imminent delivery with crowning</li> </ul>	<ul style="list-style-type: none"> <li>Urge to push</li> <li>Visible crowning</li> </ul>	<ul style="list-style-type: none"> <li>See <u>Gynecological Emergencies Protocol</u></li> </ul>

#### PROCEDURE

- Delivery should be controlled so as to allow a slow controlled delivery of the infant. This will prevent injury to the mother and infant.
- Support the infant's head as needed.
- Check the umbilical cord surrounding the neck. If it is present, slip it over the head. If unable to free the cord from the neck, double clamp the cord and cut between the clamps.
- Suction the airway with a bulb syringe. Mouth then nose.
- Grasping the head with hands over the ears, gently pull down to allow delivery of the anterior shoulder.
- Gently pull up on the head to allow delivery of the posterior shoulder.
- Slowly deliver the remainder of the infant.
- Clamp the cord 2 inches from the abdomen with 2 clamps and cut the cord between the clamps.
- Record APGAR scores at 1 and 5 minutes.
- Follow the Neonatal Resuscitation Protocol for further treatment.
- The placenta will deliver spontaneously, within 5-15 minutes of the infant. Do not force the placenta to deliver. Contain all tissue in plastic bag and transport.
- Massaging the uterus may facilitate delivery of the placenta and decrease bleeding by facilitating uterine contractions.
- Continue rapid transport to the hospital.